

# Missouri Mental Health Transformation Initiative

## Public Meetings August-September 2007

### Main Themes per Location

*Special thanks to our co-hosts, the DMH Division of Comprehensive Psychiatric Services (CPS) State Advisory Council (SAC) who were instrumental in coordinating and staffing all meetings.*

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#### **Caruthersville – August 21, 2007 6-8 p.m.**

**Attendance: 23**

**Speakers: 4**

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There was a strong consumer presence at this meeting. Attendees were excited to see the Department working on transforming the system. One speaker stated, “From the agency’s perspective we are certainly excited to see the Department looking at in the way that you are looking at Transformation. We couldn’t agree more. Clearly, evidence based practices, integrated services, collaboration are the only ways we are going to start filling in the gaps that exist.” The main themes expressed include:

- Need for public transportation;
- Review existing policies, rules and regulations in regard to reimbursement and funding;
- Funding for mental health services in rural areas;
- Recruiting and attracting mental health professionals to the area;
- Consumers praised dedicated mental health workers and would like them supported both financially and emotionally;
- Supporting consumers in recovery; and
- Ensure standards and fairness in regard to guardian and public administrator’s skills and knowledge.

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#### **Cape Girardeau – August 22, 2007 1-3 p.m.**

**Attendance: 17**

**Speakers: 7**

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A variety of community organizations attended including agencies representing the elderly and schools. Several individuals presented deaf community concerns. One participant expressed, “It is not all about what is **not** working, but it is about what **is** working.” Main themes were:

- Deaf community needs: licensed professional counselors (LPC) who are affluent in American Sign Language (ASL), Missouri law concerning certification of interpreters, deaf children have to travel to Fulton to go to a deaf school;
- Income eligibility/guidelines for disability when there is a sudden change in mental status;
- Link mental health services with the schools;
- Huge gap when incarcerated or on parole individuals are released referring them to a local vendor or provider. Continuity of information;
- The need for the elderly (60+) population to be included;
- Need to integrate substance abuse and mental health services for youth and adolescents;
- Senior Services has the same problems as Mental Health; and
- Educate employers on diversity and employing individuals with disabilities.

**West Plains – August 22, 2007 6-8 p.m.****Attendance: 27****Speakers: 5**

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Community leaders, business managers, school personnel, mental health professionals, and concerned consumers attended this meeting. This meeting had significant positive press coverage both prior to and after the meeting. The CPS SAC member responsible for co-hosting the meeting was instrumental in this coverage. One speaker expressed the need to link services and share information at the local level. “You talk about rural communities not having a lot of services. We actually do have a lot of services. But it is so fragmented that you end up with a situation that someone can’t get the information they need.” The main themes include:

- Need mental health services in schools;
- Better access to and recruitment of child psychiatrist;
- Consumers need advocates to help navigate the system: interested in peer- to- peer services;
- Medicaid eligibility and limitations;
- Lack of transportation is a disparity;
- Mental health providers need to collaborate at local levels;
- Lack of ease of mental health information/resources; and
- Better collaboration among all agencies at the local level.

**Farmington (No. 1) – August 23, 2007 1-3 p.m.****Attendance: 9****Speakers: 5**

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This meeting was held during the day with limited attendance. At the suggestion of attendees, an evening meeting was scheduled in September to obtain local input from citizens unable to attend this meeting. One person stated that consumers “truly don’t get 100% choice of where you go for services” and he would like the service area restrictions to be changed. Key themes were:

- Would like the option to choose their provider and to address service area limitations;
- Collaborative mental health and alcohol & drug treatment;
- Explain money behind Transformation initiative;
- Concerned about the cost of evidence-based practices and how they will be implemented;
- Concerned about money divided across agencies for the same services. How will Transformation address duplication of services and money per agency?
- Need for greater communication concerning Transformation goals and purpose; and
- Prevention is key.

**Joplin – August 23, 2007 6-8 p.m.****Attendance: 20****Speakers: 14**

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There was strong consumer and family representation. One area provider stated that regarding “services to the children – any Transformation program that is developed that does not link schools with mental health is a total and complete failure.” Key themes include:

- Link schools with mental health providers/services;
- Address special populations – specifically Hispanic and deaf communities;
- Deaf community needs: counselors proficient in signing and community supports;

- Need video, phone/conferencing, and Internet (TeleHealth) to reduce travel time and increase access to psychiatrists for all populations;
- Very limited local public transportation;
- Educate and support general practitioners and pediatricians so that they know about medications and services they can prescribe/provide and when/how to get mental health consultation for their patients;
- Increased and appropriate housing, medications, and general care for people with mental illness;
- Prevention and education is huge to substance abuse and mental health;
- Low Medicaid reimbursement for physicians and psychiatrists make it difficult for them to stay in practice to serve consumers;
- Need collaborative, integrated plan with funding among all state and local mental health providers across agencies. Ideally, develop a pilot project with participants who are dual diagnosed; and
- Transition plans for people getting out of school and going to work.

**Springfield – August 24, 2007 10:30 a.m. -12:30 p.m. Attendance: 60**

**Speakers: 21**

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The CPS SAC President who is a Transformation Working Group (TWG) member and lives in Springfield introduced our speakers. This was one of the largest meetings. One individual commented that, “I want to speak to Transformation in the context of a consumer and family-driven system. That is wonderful and I am always in favor of working from individual and family’s goals. Unfortunately, there are not too many people that have been trained in that kind of perspective. Many have been trained in the perspective of seeing what is wrong with people, rather than first seeing what is right and where the strengths are of the people and to work for their particular goals.” The main themes were:

- Prevention and education;
- Need more school based services. Springfield has a successful pilot going since 2003 and it would be great to expand it statewide;
- Deaf community needs: services, signing counselors and resources;
- Early identification and intervention throughout the life cycle;
- Allow psychologists to prescribe medications;
- Lack resources for access and (new, current and potential) medication management;
- Key need: People trained in consumer and family driven system;
- Reduce waiting list for local beds/services;
- Stigma is a huge problem;
- Educate and include law enforcement;
- Foster better collaboration with law enforcement;
- Recruitment and retention of psychiatrists;
- Need housing, vocation and education across populations;
- Be sure to address the needs of under-privileged and under-insured children; and
- Mental health services are needed for Veterans coming home from the war.

**Jefferson City – August 28, 2007 6-8 p.m.****Attendance: 10****Speakers: 5**

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The meeting was held at the Department of Mental Health central office. One of the content workgroup members acknowledged the challenge is moving forward with implementation. The main themes include:

- Because of limited resources it is difficult moving consumers from inpatient to community;
- Deaf community needs: consumers that are victims and need deaf interpreters;
- Need services for transitional youth;
- Cost of guardianship for parents of transitional youth;
- Need peer support; and
- How Transformation funds will be involved and used.

**Columbia – August 29, 2007 6-8 p.m.****Attendance: 39****Speakers: 11**

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There was broad representation from the community and health care system. A provider shared, “All the issues are so important. I serve people with developmental disabilities. What I would love to see, the ideal community for developmental disabilities would be that we would have a system where people don’t have to go into crisis and they don’t have to become homeless.” Main themes were:

- The Vet- to- Vet program needs to be involved in Transformation. It is recovery based and includes peer support;
- Deaf community needs: there is nothing regarding mental health services in this area; also the speaker is pursuing an advanced degree and having difficulty as a deaf person getting an internship in the mental health system;
- Elderly needs: mental health and therapy services, funding, and also need stigma issues addressed;
- Need for a system where people don’t have to go into crisis or become homeless;
- Need local housing;
- Use evidence-based programs and fund them at the local level: Assertive Community Treatment (ACT) and treatment planning;
- Dual Diagnosis: Mental illness and developmental disabilities (DD);
- Need more psychiatrists;
- Provide appropriate care inpatient and community;
- Engage community involvement and support for mental health services to achieve local buy-in;
- Need public education on mental health services, i.e. how to access and stigma issues;
- Provider services for the under and uninsured population;
- Need to focus on mental health promotion;
- Integration of primary medical care and mental health care;
- Need foster parent advocates; and
- Increase funding services and insurance reimbursement.

This was one of the largest meetings with broad representation from the community and healthcare/mental health system. A St. Louis area provider stated, “One of the exciting areas would be involving evidence based practice and developing Centers of Excellence. If you look at the role of the universities and the role of the providers it should be mandated that there actually be a partnership.”

Main themes include:

- Local involvement is key to the success of the Transformation initiative.
- Reinstate mental health coordinator “function”;
- Need more peer specialists, needs to be embraced within mental health organizations like it is within ADA organizations now;
- Leverage natural community resources/supports;
- Increase employment opportunities and focus;
- Expand housing options and programs;
- Funding and services collaboration across state/local agencies;
- Need more timely communication from providers/DMH/system wide;
- Need well-educated and trained mental health staff/workforce;
- System not prepared for ongoing crisis management;
- Increase autism resources i.e. expertise and appropriate inpatient psychiatric treatment; there is a need for better coordination and delivery of psychiatric services for persons with autism.
- Lack of life cycle transition planning. The system is reactive versus proactive;
- Need Centers of Excellence/University partnerships; providers and universities need to partner so providers can become Centers of Excellence and get full benefit of research and technical assistance in implementing evidence-based practices.
- Address services for special populations, specifically African American youth; and
- Provide training to providers/consumer-family members on how to achieve consumer and family driven system.

One individual said, “One of the main things that needs to be identified is community involvement. In a community, it takes the providers, the social workers, the schools and it takes all of them to sit in a community together to share our resources and our ideas and so on to support and to come up with the right solutions.” Main themes were:

- Transformation plan must address consumer safety;
- Address stigma;
- Insurance limitations for psychotropic medications especially with some of Medicare changes;
- Place mental health staff in schools;
- Use tobacco money for mental health and substance abuse parity;
- Address the silos within the Department of Mental Health division’s;
- Dual diagnosis: duplication, specifically substance abuse and mental illness that are homeless or in correctional facilities; need more integrated care;

- Disparities in quality and access to mental health care/services especially in special populations: i.e. cultural and language competence, visually impaired, and consumers with a diagnosis of autism;
- Integrate all DMH initiatives into Transformation efforts;
- Need to have accountability measures;
- Medicaid limitations are impacting services available to low-income Missourians;
- Local mental health infrastructure should be actively involved in Transformation;
- Public education on the first signs of mental illness;
- Housing that has positive support
- Employment: consumers need help getting and keeping a job ;
- Peer and natural supports in the community;
- Funding;
- Abuse and neglect concerns-need continued focus on safety in 24 hour care facilities; and
- Provide training to providers/consumer-family members on how to achieve consumer and family driven system.

**St. Joseph – September 12, 2007 6-8 p.m.**

**Attendance: 43**

**Speakers: 10**

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One individual expressed, “One of the things that I really want to impress upon people is viewing public funds as investments in people, not as a way to reimburse for services. The system is not really designed to invest in people’s lives, it really is designed to reimburse for services which I think is off the mark.” Main themes were:

- Poverty is the biggest disabler of them all and needs to be addressed as part of overall initiative;
- Support evidence based practices/best practices;
- Allow Medicaid billing for counseling beyond psychiatrists;
- Integrate behavioral health into general medical settings;
- Disaster preparedness should be instituted at all levels of the mental health system;
- Suicide prevention;
- Workforce development;
- Poverty is a disabler, increase employment options;
- System should be flexible and creative;
- Overuse of guardianship;
- Gaps in institutional care and hospitalizations;
- Isolation of rural populations;
- Lack of psychiatrists and not enough psychiatric beds;
- Provide training to providers/consumer-family members on how to achieve consumer and family driven system; and
- Address all populations: MRDD, elderly and dual diagnosis.

A clinical manager stated, “We are very much in support of the collaboration between Federally Qualified Health Centers (FQHC’s) and Community Mental Health Centers (CMHC’s) to better integrate mental health and primary health care.” Main themes were:

- Support CMHC and FQHC collaboration;
- Reduce/eliminate waiting lists;
- Implement Evidence Based Practices;
- Lack of public transportation means access issues for mental health services;
- Concerned about general and funding needs of the elderly population;
- Collaboration between mental health and primary care for both outpatient and inpatient services;
- Lack of insurance;
- People with disabilities are not provided employment opportunities;
- Use Advance Practice Nurses (APN) to supplement lack of mental health providers, and restrictive elements in Missouri APN practice law;
- Provide wrap around services;
- Under and uninsured population;
- Increase access to mental health services specifically, local crisis beds and hotlines);
- Incarcerated or on paroled individuals within the community need mental health supports, meds and housing plans.
- Special populations, specifically college students no longer under their parents’ insurance or on their own for the first time and have mental health needs. There are gaps in accessing and covering mental health services; and
- Examine support systems and benefits. Persons who earn degrees and pursue better paying jobs are often in jeopardy of losing needed supports due to pay increases.

This meeting was held at an MRDD Regional Center. Good community participation and law enforcement representation. One woman said, “... as you are developing these issues and partnering with (education)... try to include those at the local levels. The schools are struggling so hard to keep up with the mental health issues for the kids.” Main themes include:

- Need Crisis Intervention Teams (CIT) but uncertain how they can work in rural areas;
- Law enforcement request to reinstate mental health coordinator “function”; Need help in evaluating situations and really getting people linked with services when they do not meet commitment criteria;
- Provide mental health professionals/services in schools;
- Special populations – Children with ADHD, Autism and Developmental Disabilities;
- Too much system complexity;
- Collaboration in rural areas is important. Need to consider and allow for time commitment since everyone often has to travel so far;
- Not enough resources, housing options and funding;
- Increase the options to keep people in the community;

- Coordinate crisis system across mental health system;
- Training for law enforcement on mental health;
- Lack of adequate transportation to get to appointments;
- Need transition services for transitional youth;
- Would like to use the Community Partnerships Collaboration model for deployment of Transformation initiatives. Need to involve local community; and
- Few hospital resources in the area.

**Farmington (No. 2) – September 20, 2007 6-8 p.m.**

**Attendance: 44**

**Speakers: 21**

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This was a follow-up to the first meeting on August 23 and held at the same location. One nurse said, “Honestly, I was not involved at all (in mental health services) until my family member got sick...And it is something we all can do. We can work together and make things better for the health of the mentally ill.”

Main themes were:

- Local involvement and quality services;
- To allow self direction and personal empowerment we have to rethink our issues with guardianship;
- Education and employment go together. Consumer’s need both;
- Consumers need more clubhouses so they see that they are not alone;
- Provide training to providers/consumer-family members on how to achieve consumer and family driven system;
- Medicaid and Medicare limitations/eligibility for services and medications;
- Stigma is an issue and includes attitudes of professional personnel;
- Lack of transportation to get to employment, education and services;
- Lack of psychiatrists and doctors;
- Dual diagnosis: mental health and substance abuse: mental illness and developmental disabilities. Also, substance abuse is not considered a disability so the services are fewer Medicaid options for those who need services;
- Consumers can’t afford the cost of medication;
- Increasing number of children diagnosed with Autism and lack of resources for treatment;
- Suicide Prevention;
- Need more mental health services, funding, inpatient beds, dental services and volunteers for respite care;
- Need more psychiatrists or at least more prescribing doctors;
- Privatization concerns – the unknown is scary; we need to know more of what is being planned.
- Increase appropriate housing;
- Need essential medical services; and
- Training and appropriate staff for emergency rooms to work with people in psychiatric distress.